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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	I 20090000081
Phone	:	(307)200-2803
Fax Number	:	(813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			7901 4th S	St N. STE 4000
	··		St. Peterst	burg FL 33702
	07/03/23		L230003161	173
	Date of filing/registration in Florida	4.		Document number
(a)	HARLEY, JOSHUA A			
,,	Registered Agent and Registered Office shown on the records of			
	Registered Agent and Registered Office shown on the records of	the rate of	da Dept. of Stat	
	715 OAK ST	the r tort	da Dept, of Stat	
			·	
	715 OAK ST Registered Office Address <u>(MUST BE FLOKIDA STREEF</u>		·	-
(Ե)	715 OAK ST Registered Office Address <u>MUST BE FLOKIDA STREET</u>	ADDRES	·	-
(b)	715 OAK ST Registered Office Address <u>(MUST BE FLOKIDA STREET</u> INVERNESS, FI	<u>ADDRES</u> 34452	<u>sy</u>	-
b)	715 OAK ST Registered Office Address <u>(MUST BE FLOKIDA STREET</u> INVERNESS, FI Registered Agents Inc	<u>ADDRES</u> 34452	<u>sy</u>	FILE
(Ե)	715 OAK ST Registered Office Address <u>(MUST BE FLOKIDA STREET</u> INVERNESS, FI Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ADDRES</u> 34452	<u>sy</u>	FILED SECRETARY OF HALL MINSSEL
(b)	715 OAK ST Registered Office Address INVERNESS	<u>ADDRES</u> 34452	<u>sy</u>	FILE

Signature of a member of authorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been natified in writing of this change. wid construct Day

Robin Jones

David Roberts Assistant Secretary

Signature of Registered Agent

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314 **FILING FEE: \$25.00**